Bob Nelson County Supervisor Fourth District

Aaron HankeDistrict Chief of Staff



BOARD OF SUPERVISORS Fourth District Office

511 E. Lakeside Parkway Santa Maria, CA 93455

(805) 346-8407 Santa Maria (805) 737-7700 Lompoc (805) 346-8498 FAX

COUNTY OF SANTA BARBARA

Date: November 21, 2022				
Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara, CA 93101				
RE: Committee, Commission or Board District Appointm	nent			
For placement on the Board of Supervisors agenda for the	e meeting of November 29, 2022			
I would like to recommend the □ appointment/ ☒ reapp the: Los Alamos Cemetery District	pointment of the following person to			
Salutation: Full Name of Appointee: Address: City/State/Zip: Home Phone: E-mail:]Ms.			
Appointee will represent the 4 th District on this commission. Position was formerly held by: Mary Caldera Check box only if this appointment is filling an unexpired vacancy.				
District Supervisor: Bob Nelson				
Signed by: Bob Nelson	COB Information Verification Letter of Resignation on file Vacancy Notice on file			

Term:

__ years

□ Beginning date _□ Ending date ____

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE

Return to: Clerk of the Board of Supervisors 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101 DATE RECEIVED

□ Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of th	ne Board, Commission or Committee (only one per
instructions: Please complete eath Section below. Be sure to enter the third application) for which you desire consideration in Box 1. For more complete informa Supervisors. Please print in ink or type. Please note that ALL information provided is a	ition or assistance, contact the clerk of the board of
APPLYING FOR: (Use Specific Title of Board, Commission or Committee)	2. TODAY'S DATE:
Los Alamos Cemetery District	11-16-2022
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Los Alamos Cemetery District			11-16-2022				
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3. NAME:	A .		y**L				
Caldera.	Mary		U				
Juliana	Circt		Middle	,			
Last	Lugr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. TELEPHO	5. TELEPHONE:		
6. ADDRESS:	_						
				Home:			
Number		Street					
		120	11116				
Los Alamos La	ン	93	440	Business:			
City		Zip Co	ode				
7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community							
involvement, and abilities.							
NAME		ADI	DRESS	TELEPHONE	OCCUPATION		
Glovia Diffender	سراه مركز				Teacher		
					Z della a mana		
Mary Anne Christen	sen				Dookaceper		
" h / / / /	į.				DelEstate		
Capriel Bustamen					1 Jean Oskie		
8. Are you, or have you ever been, employe	d by the County of Sar	nta Barbara?	•	,	×No □ Yes - if γes, list below		
Department:		Title:			Date:		
			AD EDILCATION C	CANDI ETER.			
9. PLEASE CHECK APPROPRIATE BOXES (OP			10. EDUCATION C				
Ethnic or Racial Identity:	Sex:			-1 11/200	a Mallane		
x∕White	□ Male		High School/ Some College				
□ African American	XFem	aie	11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:				
□ Hispanic			11. HIDICALE SOF	LIVIDOR WITO WILL			
☐ Asian/Pacific Islander							
□ Native American/Alaskan Native							
☐ Other (please specify): 12. EXPERIENCE: Please explain why you a	un interested in comin	a and what	evnerience vou bri	ng to the Committee	Attach additional documentation as		
1	te iliterested in servin	ig, and what	experience you on	TIP CO CITO DOLLINIO			
necessary.							
13. ADDITIONAL INFORMATION: Give any i	nformation explaining	qualification	s, experience, train	ing, education, volunt	eer activities, community organization		
memberships, or personal interests that be	ar on your application	for the above	Board, Commissio	n or Committee. Attac	ch additional sheets as necessary.		
memberships, or personal medicals share and	,		•				
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14. SIGNATURE OF APPLICANT: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
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